

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5095</u>	2. Fiscal Year Covered From: <u>01</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>P</u> <u>SULLIVAN</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>108 Wagon Lane West</u> City <u>Centereach</u> State <u>New York</u> ZIP Code + 4 <u>11720</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 807</u> Labor Organization File Number <u>006300</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>32-43-49TH Street</u> City <u>Long Island City</u> State <u>New York</u> ZIP Code + 4 <u>11103</u>
5. Position in labor organization. <u>Secretary Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John Sullivan

On

8/5/04
Date

718-726-2525
Telephone Number

Name of Person Filing

JOHN SULLIVAN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL 807 LABOR MANAGEMENT FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 32-43 49TH STREET

City LONG ISLAND CITY

State New York ZIP Code + 4 11103

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

BENEFIT CONSULTING AND ACTUARIAL
SERVICES FOR LOCAL 807 LABOR MGMT. FUNDS
SHARE ABUILDING W/ LOCAL 807 UNION

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

LUNCHES PROVIDED FOR TRUSTE MEETINGS
1/14/04 - 2/11/04 - 3/9/04 - 4/13/04 - 6/8/04
9/20/04 - 11/9/04 - 12/14/04 AT \$20.00 each

12.b. Amount.

9160.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>JOHN SULLIVAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL 807 LABOR MANAGEMENT FUNDS
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 32-43 49TH STREET
City LONG ISLAND CITY
State NEW YORK ZIP Code + 4 11103

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

BENEFIT CONSULTING AND ACTUARIAL SERVICES FOR LOCAL 807 LABOR MGMT. FUNDS SHARE A BUILDING W/ LOCAL 807 UNION

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

EDUCATIONAL SEMINAR SEGNL ADVISORS DORADO BEACH, RR. 4/25/04 - 4/28/04

12.b. Amount. \$2,184.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing JOHN SULLIVAN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL 807 LABOR MANAGEMENT FUNDSTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 32-43 49TH STREETCity LONG ISLAND CITYState NEW YORK ZIP Code + 4 11103

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

BENEFIT CONSULTING AND ACTUARIAL
SERVICES FOR LOCAL 807 LABOR MGMT
FUNDS SHARE BUILDING W/LOCAL 807 UNION

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

EDUCATIONAL SEMINAR 2/22/04-2/25/04
ORLANDO FLORIDA NEW TRUSTEE

12.b. Amount. \$ 1,846.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

J. H. SULLIVAN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Segal CompanyTrade Name, if any: P.O. Box, Bldg., Room No., if any Street One Park AvenueCity New YorkState New York ZIP Code + 4 10016-5895

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 807 LABOR MANAGEMENT FUNDTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 32-43 49TH STREETCity Long Island CityState New York ZIP Code + 4 11103

11.a. Nature of such dealing.

BENEFIT AND CONSULTING FOR LOCAL 807 LABOR MGMT. FUND11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner Paid For By Segal Co.
AT Education & Seminar Orlando FLA.
2/23/0412.b. Amount. \$29.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

\$175.00
